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TO THE HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE

TWENTY-EIGHTH LEGISLATURE  
Regular Session of 2015

Monday, April 6, 2015  
2:30 p.m.

WRITTEN TESTIMONY ONLY

**TESTIMONY ON HOUSE CONCURRENT RESOLUTION NO. 214, H.D. 1 AND  
HOUSE RESOLUTION NO. 149, H.D. 1 – REQUESTING THE CONVENING OF A  
MENTAL HEALTH ACCESS WORKING GROUP.**

TO THE HONORABLE ANGUS L.K. McKELVEY, CHAIR, AND MEMBERS OF THE  
COMMITTEE:

My name is Gordon Ito, State Insurance Commissioner ("Commissioner"),  
testifying on behalf of the Department of Commerce and Consumer Affairs  
("Department"). Department supports the merits of these resolutions.

The purpose of these resolutions are to convene a Mental Health Access  
Working Group ("Working Group") to develop recommendations on establishing  
standards for mental health care in the State, increasing access to all mental health  
providers, and make recommendations and propose legislation to improve access to  
mental health care.

The Department is willing to have a representative of the Commissioner familiar  
with issues of access to health care participate in the Working Group.

We thank the Committee for the opportunity to present testimony on this matter.



# Hawai'i Psychological Association

## *For a Healthy Hawai'i*

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HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE  
Representative Angus L.K. McKelvey, Chair  
Representative Justin H. Woodson, Vice Chair

### NOTICE OF HEARING

Monday, April 6, 2015 at 2:30 PM  
Conference Room 325  
State Capitol  
415 South Beretania Street

TESTIMONY IN OPPOSITION TO HCR 214 HD1/ HR 149 HD1

Honorable Chair McKelvey, Vice-Chair Woodson and members of the Committee on Consumer Protection and Commerce. My name is Marie Terry-Bivens, Psy.D. I am a Clinical Psychologist and President of the Hawaii Psychological Association. This is my testimony in opposition to HCR 214 HD 1/ HR 149 HD1, requesting the convening of a mental health access working group.

The preamble of HCR 214 HD 1/ HR 149 HD1 rightly identifies that there is a serious shortage of physicians in Hawaii. But then it outlines issues in mental health care access as if these things have never been studied before, and recommends convening a "working group." Unfortunately Hawai'i residents suffering with mental illness are already all too aware that access to qualified prescribing doctors is chronically limited in Hawai'i. These access problems have already been studied and documented in detail (for example by the multi-million dollar Mental Health Transformation study that ran from 2006-2011). Creating another working group is just kicking the can down the road in a way that retains exclusive rights to prescriptive authority for one special interest group while patients continue to suffer unnecessarily. It is an unacceptable proposal that does not provide relief to the persons in our state who need help. At a time when the citizens in our state are in need of legislative action, HCR 214 HD1/ HR149 HD1 prescribes the worst form of legislative inaction.

The true functional purpose of HCR 214 HD1/ HR 149 HD1 is revealed in the way that one special interest group is assigned to convene the working group, and how that same special interest group will “make recommendations and propose legislation to improve access to mental health care” (p.3). This aspect of the bill will lead to a foregone conclusion that is very unlikely to expand the service capacity of psychologists in Hawai’i, in spite of the fact that doing so would provide safe and effective relief for thousands of under-served citizens in our state (as it has in other states). The preamble of the bill cynically equates psychologists with counselors from non-scientific disciplines and even with monks and spiritual healers, utterly ignoring the superior scientific training of psychologists that sets them apart even from medical doctors. The preamble also ignores the fact that responsible prescriptive authority legislation requires intensive training in physiology, biochemistry, and the other pertinent fields of study that ensure safe and responsible practice.

The problem of access to qualified and capable prescribers can only be solved by legislators, and the time to act is now by opposing HCR 214 HD1/ HR 149 HD1, and by supporting commonsense legislation granting prescriptive authority for psychologists that is modeled on the safe and effective examples of other states.

Thank you for your consideration.

Respectfully submitted,

Marie Terry-Bivens, Psy.D.  
President